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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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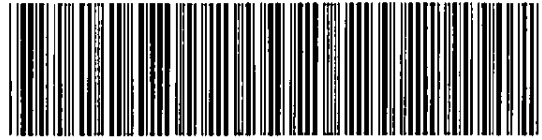
(Business Entity Name)

(Document Number)

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S. CHATHAM

JUN 24 2024

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 JUN 13 PM 5:12

FILED

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: DOMESTIFICATION OF ILLINOIS CORPORATION

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: DIKICA C ILIC dba GLOBAL PERMIT SERVICES

Name (printed or typed)

717 PARKWOOD AVE

Address

PARK RIDGE, IL 60068

City, State & Zip

224-306-7245

Daytime Telephone Number

bojana@otrsafety.net

E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, BOJANA DAVIS, PRESIDENT
(Name) (Title)
of CELLEXPOGROUP INC., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is CELLEXPOGROUP INC.
(Foreign Corporation)
2. The jurisdiction and date of its formation is ILLINOIS; APRIL 24 2017
3. The name of the domesticated corporation is CELLEXPOGROUP INC.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Bojana Davis
(Authorized Signature)

FILED
2024 JUN 13 PM 5:10
CABLE AND/OR VIDEO
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

CELLEXPOGROUP INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

121 NE 34th Street #301

MIAMI, FL 33137

Mailing Address

121 NE 34th Street #301

MIAMI, FL 33137

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

BOJANA DAVIS

121 NE 34th Street #301

MIAMI, FL 33137

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THAT CAPACITY.

Bojana Davis
Signature/Registered Agent

05-30-2024
Date

FILED
2024 JUN 3 PM 5:10
CLERK OF THE CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: BOJANA DAVIS, PRESIDENT

Address: 121 NE 34th Street #301
MIAMI, FL 33137

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: BOJANA DAVIS, DIRECTOR

Address: 121 NE 34th Street #301
MIAMI, FL 33137

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.

Bojana Davis
Signature/Authorized Person

05-30-2024
Date